PROGRAM POLICY

Prior Authorization

Prior authorization is not usually required for most Denti-Cal benefits. The following is a list of Denti-Cal procedures that require prior authorization:

Code	Procedure
035	Hospital Care (non-emergency)
049-050	Prophylaxis - if more than once in a six month period
061-062	Prophylaxis including topical application of fluoride if more than once in a six month period
301	Conscious sedation if over 13 years with handicap
450-499	All periodontal services except 451 (emergency), 453, 472 and 473
511-513	Root canal therapy
530, 531	
551-598	Orthodontia
600-648	Restorative for patients in hospitals, convalescent homes and nursing homes
650-663	Crowns
680-682	Fixed Bridge Pontics
692-693	
700-716	Removable Prosthodontics
722-724	
750-763	Denture repair if more than 2 in 12 months
950-998	Maxillofacial services
999	Non-emergency unlisted procedures

Dental services provided to patients in hospitals, skilled nursing facilities and intermediate care facilities are covered under the Medi-Cal Dental Program only following prior authorization of each non-emergency and non-diagnostic dental service (Section 51307(f)(3), Title 22, California Code of Regulations). Emergency services may be performed on convalescent patients without prior authorization for the alleviation of pain or treatment of an acute dental condition. However, the provider must submit clinical information with the claim describing the patient's condition and the reason the emergency services were necessary.

The California Medi-Cal Dental Program (Denti-Cal) within the State Department of Health Services, and Title 22, California Code of Regulations (CCR), Section 51455, state that prior authorization may be required of any or all providers for any or all covered benefits of the program except those services specifically exempted by Section 51056, (a) and (b). These prior authorization requirements do not change when the patient has other coverage; you should submit for prior authorization and indicate the primary carrier. **No verbal authorization will be granted by Denti-Cal. Denti-Cal reserves the right to require prior authorization in accordance with these guidelines.**

Special Prior Authorization Review

As part of our on-going Quality Review and Evaluation program, Denti-Cal may require selected providers to obtain prior authorization for some or all services, except those exempted by Title 22. The providers may be selected at random or on any other reasonable basis. Written notification will be sent to the selected providers at least 30 days in advance of the prior authorization requirement. The prior authorization requirement may be waived in selected cases where the existing medical condition of the patient makes it impossible to obtain adequate preoperative diagnosis, clinically and/or radiographically. A statement of the medical condition that prevents a complete preoperative examination, and the need for dental treatment, must be submitted with the Treatment Authorization Request (TAR). Denti-Cal reserves the right of approval in these cases and may request additional information to substantiate the TAR.